

DESCRIPTIVE SUMMARY OF CHILDREN'S MENTAL HEALTH SERVICES Fiscal Year 2012



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INTRODUCTION

The following is the annual descriptive summary of DCFS Children's Mental Health Services for Fiscal Year (FY) 2012, from July 1, 2011 through June 30, 2012. The FY 2012 Descriptive Summary provides an expanded analysis of DCFS programs. This FY 2012 report examines served client data statewide and by program area. Children served are those who received a service sometime during the fiscal year.

This descriptive report summarizes demographic and clinical information on the 2927 children served by mental health services across the State of Nevada in DCFS Children's Mental Health Services. DCFS Children's Mental Health Services are divided into Southern Nevada Child and Adolescent Services (SNCAS), with locations in southern Nevada, and Northern Nevada Child and Adolescent Services (NNCAS), with locations in northern Nevada. NNCAS includes the Wraparound in Nevada program serving the rural region. Programs are outlined in the following table.

Programs for Southern Nevada Child and Adolescent Services (SNCAS) and Northern Nevada Child and Adolescent Services (NNCAS)

SNCAS	NNCAS
<i>Community-Based Services</i>	
Children's Clinical Services (CCS)	Outpatient Services (OPS)
Early Childhood Mental Health Services (ECMHS)	Early Childhood Mental Health Services (ECMHS)
Wraparound in Nevada (WIN)	Wraparound in Nevada (WIN)
<i>Treatment Homes</i>	
Oasis On-Campus Treatment Homes (OCTH)	Adolescent Treatment Center (ATC)
	Family Learning Homes (FLH)
<i>Residential Facility and Psychiatric Hospital</i>	
Desert Willow Treatment Center (DWTC)	



CHILDREN'S MENTAL HEALTH

Number of Children Served

Statewide	NNCAS	SNCAS
2927	793	2134

Admissions

Statewide	NNCAS	SNCAS
1629	441	1188

Discharges

Statewide	NNCAS	SNCAS
1620	441	1179

SURVEY COMMENT FROM A SATISFIED PARENT

My child and I have learned to communicate better with each other.



CHILDREN'S DEMOGRAPHIC CHARACTERISTICS

Statewide and by Region

Age

The average age of children served Statewide was 10.5, NNCAS was 11.5, and SNCAS was 10.1.

Age Group	Statewide	NNCAS	SNCAS
0–5 years old	804 (27.5%)	126 (15.9%)	678 (31.8%)
6–12 years old	969 (33.1%)	321 (40.5%)	648 (30.4%)
13–17 years old	986 (33.7%)	296 (37.3%)	690 (32.3%)
18+ years old	168 (5.7%)	50 (6.3%)	118 (5.5%)

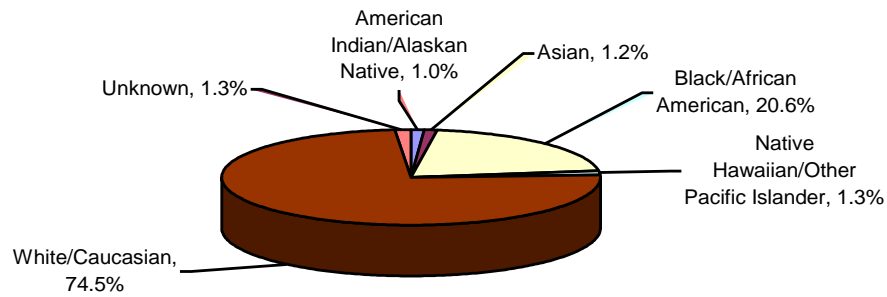
Gender

	Statewide	NNCAS	SNCAS
Male	1616 (55.2%)	354 (44.6%)	1177 (55.2%)
Female	1311 (44.8%)	439 (55.4%)	957 (44.8%)

Race and Ethnicity

Race	Statewide	NNCAS	SNCAS
American Indian/Alaskan Native	30 (1.0%)	21 (2.6%)	9 (0.4%)
Asian	36 (1.2%)	1 (0.1%)	35 (1.6%)
Black/African American	603 (20.6%)	53 (6.7%)	550 (25.8%)
Native Hawaiian/Other Pacific Islander	39 (1.3%)	11 (1.4%)	28 (1.3%)
White/Caucasian	2181 (74.5%)	693 (87.4%)	1488 (69.7%)
Unknown	38 (1.3%)	14 (1.8%)	24 (1.1%)
Ethnicity	Statewide	NNCAS	SNCAS
Hispanic Origin	842 (28.8%)	182 (23.0%)	660 (30.9%)

Percentage of Children Served Statewide by Race



How Clients Served by NNCAS and SNCAS Reflect Ethnicity of Washoe and Clark Counties

Ethnicity	NNCAS	Washoe County ¹	SNCAS	Clark County ¹
Hispanic Origin	182 (23.0%)	34.8%	660 (30.9%)	39.8%

Custody Status

	Statewide	NNCAS	SNCAS
Parent/Family	1637 (55.9%)	467 (58.9%)	1170 (54.8%)
Child Welfare	1227 (41.9%)	310 (39.1%)	917 (43.0%)
DCFS Youth Parole	5 (0.2%)	1 (0.1%)	4 (0.2%)
Parental Custody on Probation	53 (1.8%)	15 (1.9%)	38 (1.8%)
Unknown	5 (0.2%)	0 (0.0%)	5 (0.2%)

Severe Emotional Disturbance Status

Statewide	NNCAS	SNCAS
2354 (80.4%)	620 (88.6%)	1643 (77.0%)

¹ Age and Racial/Ethnic Distribution of Nevada Children and Youth by County: 2010, Nevada KIDS COUNT • <http://kidscount.unlv.edu>, Center for Business and Economic Research, UNLV

Demographics by Program

Community-Based Services

Outpatient Services (OPS) – NNCAS and Children’s Clinical Services (CCS) – SNCAS

Number of Children Served

Statewide	OPS	CCS
1224	362 (29.6%)	862 (70.4%)

Age

The average age of children served Statewide was 14.1, OPS was 14.0, and CCS was 14.1.

Age Group	Statewide	OPS	CCS
0–5 years old	0 (0.0%)	0 (0.0%)	0 (0.0%)
6–12 years old	423 (34.6%)	130 (35.9%)	293 (34.0%)
13–17 years old	690 (56.4%)	198 (54.7%)	492 (57.1%)
18+ years old	111 (9.1%)	34 (9.4%)	77 (8.9%)

Gender

	Statewide	OPS	CCS
Male	675 (55.1%)	206 (56.9%)	469 (54.4%)
Female	549 (44.9%)	156 (43.1%)	393 (45.6%)

Race and Ethnicity

Race	Statewide	OPS	CCS
American Indian/Alaskan Native	9 (0.7%)	5 (1.4%)	4 (0.5%)
Asian	15 (1.2%)	0 (0.0%)	15 (1.7%)
Black/African American	174 (14.2%)	28 (7.7%)	146 (16.9%)
Native Hawaiian/Other Pacific Islander	24 (2.0%)	5 (1.4%)	19 (2.2%)
White/Caucasian	996 (81.4%)	323 (89.2%)	673 (78.1%)
Unknown	6 (0.5%)	1 (0.3%)	5 (0.6%)
Ethnicity	Statewide	OPS	CCS
Hispanic Origin	410 (33.5%)	88 (24.3%)	322 (37.4%)

Custody Status

	Statewide	OPS	CCS
Parent/Family	974 (79.6%)	299 (82.6%)	675 (78.3%)
Child Welfare	223 (18.2%)	49 (13.5%)	174 (20.2%)
DCFS Youth Parole	2 (0.2%)	1 (0.3%)	1 (0.1%)
Parental Custody on Probation	25 (2.0%)	13 (3.6%)	12 (1.4%)

Early Childhood Mental Health Services (ECMHS) – NNCAS and SNCAS

Number of Children Served

Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
1041	238 (22.9%)	803 (77.1%)

Age

The average age of children served by ECMHS Statewide was 5.2, ECMHS (NNCAS) was 6.0, and ECMHS (SNCAS) was 4.9.

Age Group	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
0–5 years old	685 (65.8%)	118 (49.6%)	567 (70.6%)
6–12 years old	355 (34.1%)	119 (50.0%)	236 (29.4%)
13–17 years old	1 (0.1%)	1 (0.4%)	0 (0.0%)

Gender

	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Male	587 (56.4%)	133 (55.9%)	454 (56.5%)
Female	454 (43.6%)	105 (44.1%)	349 (43.5%)

Race and Ethnicity

Race	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
American Indian/Alaskan Native	9 (0.9%)	8 (3.4%)	1 (0.1%)
Asian	8 (0.8%)	1 (0.4%)	7 (0.9%)
Black/African American	267 (25.6%)	12 (5.0%)	255 (31.8%)
Native Hawaiian/Other Pacific Islander	7 (0.7%)	4 (1.7%)	3 (0.4%)
White/Caucasian	737 (70.8%)	213 (89.5%)	524 (65.3%)
Unknown	13 (1.2%)	0 (0.0%)	13 (1.6%)
Ethnicity	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Hispanic Origin	296 (28.4%)	59 (24.8%)	237 (29.5%)

Custody Status

	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Parent/Family	412 (39.6%)	105 (44.1%)	307 (38.2%)
Child Welfare	629 (60.4%)	133 (55.9%)	496 (61.8%)

SURVEY COMMENT FROM A SATISFIED YOUTH

My team leader or staff always listened to me and gave good advice.

WIN Statewide and by Region

Number of Children Served

Statewide	North	Rural	South
545	182 (33.4%)	96 (17.6%)	267 (49.0%)

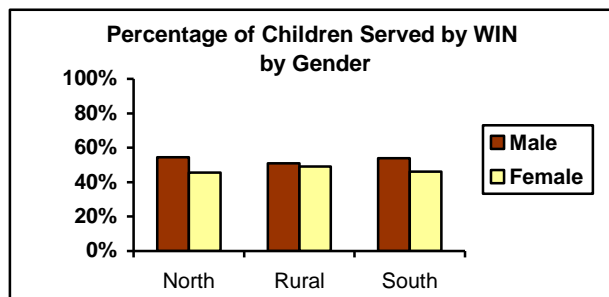
Age

The average age of children served Statewide was 13.3, North was 14.5, Rural was 11.5, and South was 13.2.

Age Group	Statewide	North	Rural	South
0–5 years old	12 (2.2%)	3 (1.6%)	9 (9.4%)	0 (0.0%)
6–12 years old	229 (42.0%)	46 (25.3%)	53 (55.2%)	130 (48.7%)
13–17 years old	261 (47.9%)	113 (62.1%)	31 (32.3%)	117 (43.8%)
18+ years old	43 (7.9%)	20 (11.0%)	3 (3.1%)	20 (7.5%)

Gender

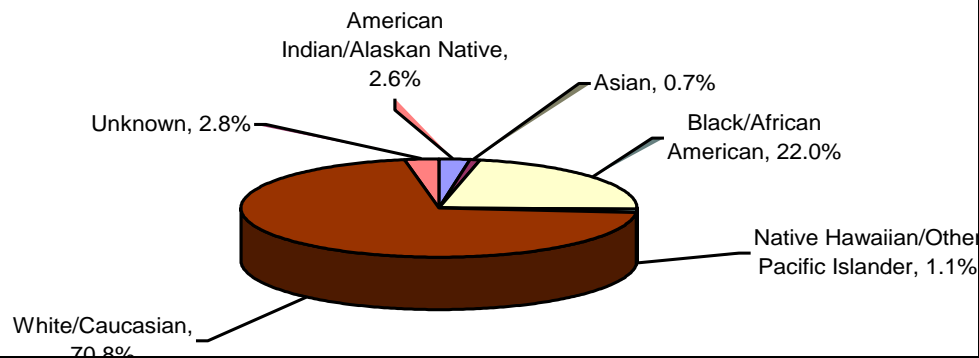
	Statewide	North	Rural	South
Male	292 (53.6%)	99 (54.4%)	49 (51.0%)	144 (53.9%)
Female	253 (46.4)	83 (45.6%)	47 (49.0%)	123 (46.1%)



Race and Ethnicity

Race	Statewide	North	Rural	South
American Indian/Alaskan Native	14 (2.6%)	5 (2.7%)	5 (5.2%)	4 (1.5%)
Asian	4 (0.7%)	0 (0.0%)	0 (0.0%)	4 (1.5%)
Black/African American	120 (22.0%)	23 (12.6%)	2 (2.1%)	95 (35.6%)
Native Hawaiian/Other Pacific Islander	6 (1.1%)	2 (1.1%)	0 (0.0%)	4 (1.5%)
White/Caucasian	386 (70.8%)	144 (79.1%)	84 (87.5%)	158 (59.2%)
Unknown	15 (2.8%)	8 (4.4%)	5 (5.2%)	2 (0.7%)
Ethnicity	Statewide	North	Rural	South
Hispanic Origin	99 (18.2%)	38 (20.9%)	14 (14.6%)	47 (17.6%)

Percentage of Children Served by WIN Statewide by Race



Custody Status

	Statewide	North	Rural	South
Parent/Family	113 (20.7%)	70 (38.5%)	32 (33.3%)	11 (4.1%)
Child Welfare	430 (78.9%)	110 (60.4%)	64 (66.7%)	256 (95.9%)
DCFS Youth Parole	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Parental Custody on Probation	2 (0.4%)	2 (1.1%)	0 (0.0%)	0 (0.0%)

Treatment Homes

Adolescent Treatment Center (ATC) – NNCAS, Family Learning Homes (FLH) – NNCAS, On-Campus Treatment Homes (OCTH) – SNCAS

Number of Children Served

Statewide	ATC	FLH	OCTH
158	56 (34.8%)	56 (34.8%)	49 (30.4%)

The total count statewide is unduplicated, but the count by program may include clients also admitted to the other treatment homes.

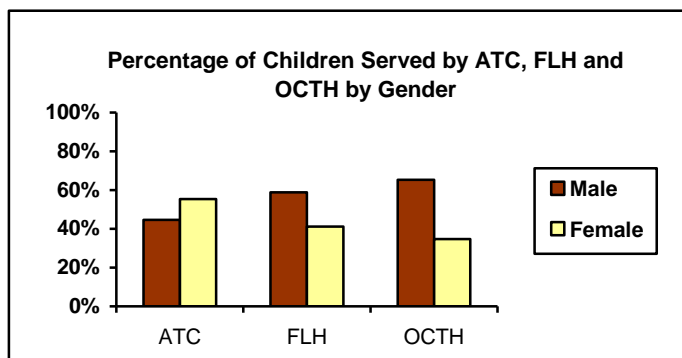
Age

The average age of children served Statewide was 14.3, ATC was 16.0, FLH was 13.2, and OCTH was 13.6.

Age Group	Statewide	ATC	FLH	OCTH
6–12 years old	44 (27.8%)	0 (0.0%)	24 (42.9%)	20 (40.8%)
13–17 years old	102 (64.6%)	53 (94.6%)	26 (46.4%)	25 (51.0%)
18+ years old	12 (7.6%)	3 (5.4%)	6 (10.7%)	4 (8.2%)

Gender

	Statewide	ATC	FLH	OCTH
Male	89 (56.3%)	25 (44.6%)	33 (58.9%)	32 (65.3%)
Female	69 (43.7%)	31 (55.4%)	23 (41.1%)	17 (34.7%)



Race and Ethnicity

Race	Statewide	ATC	FLH	OCTH
American Indian/Alaskan Native	3 (1.9%)	0 (0.0%)	2 (3.6%)	1 (2.0%)
Asian	1 (0.6%)	0 (0.0%)	0 (0.0%)	1 (2.0%)
Black/African American	25 (15.8%)	5 (8.9%)	5 (8.9%)	15 (30.6%)
Native Hawaiian/Other Pacific Islander	1 (0.6%)	0 (0.0%)	1 (1.8%)	0 (0.0%)
White/Caucasian	127 (80.4%)	51 (91.1%)	48 (85.7%)	31 (63.3%)
Unknown	1 (0.6%)	0 (0.0%)	0 (0.0%)	1 (2.0%)
Ethnicity	Statewide	ATC	FLH	OCTH
Hispanic Origin	33 (20.9%)	19 (33.9%)	9 (16.1%)	5 (10.2%)

Custody Status

	Statewide	ATC	FLH	OCTH
Parent/Family	99 (61.5%)	41 (73.2%)	45 (80.4%)	13 (26.5%)
Child Welfare	50 (31.1%)	8 (14.3%)	10 (17.9%)	32 (65.3%)
DCFS Youth Parole	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Parental Custody on Probation	8 (5.0%)	7 (12.5%)	1 (1.8%)	0 (0.0%)
Unknown	4 (2.5%)	0 (0.0%)	0 (0.0%)	4 (8.2%)

SURVEY COMMENT FROM A SATISFIED PARENT

This program has made a huge improvement in my child—an improvement I did not think was going to happen.

Residential Facility and Psychiatric Hospital

Desert Willow Treatment Center Acute Hospital (Acute) and Residential Treatment Center (RTC) – SNCAS

Number of Children Served

Acute	RTC
182	102

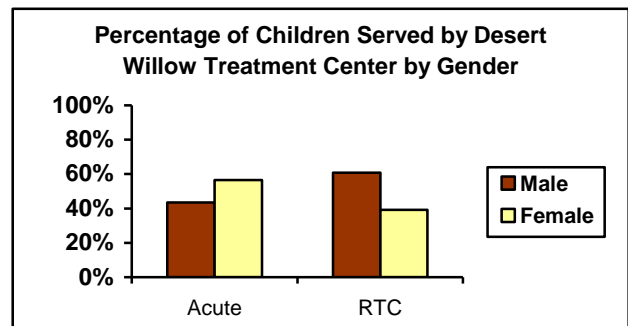
Age

The average age of children served by Desert Willow Acute was 15.5 and it was 16.0 for the Desert Willow Residential Treatment Center.

Age Group	Acute	RTC
6–12 years old	19 (10.4%)	4 (3.9%)
13–17 years old	147 (80.8%)	88 (86.3%)
18+ years old	16 (8.8%)	10 (9.8%)

Gender

	Acute	RTC
Male	79 (43.4%)	62 (60.8%)
Female	103 (56.6%)	40 (39.2%)



Race and Ethnicity

Race	Acute	RTC
American Indian/Alaskan Native	1 (0.5%)	0 (0.0%)
Asian	4 (2.2%)	4 (3.9%)
Black/African American	25 (13.7%)	22 (21.6%)
Native Hawaiian/Other Pacific Islander	6 (3.3%)	2 (2.0%)
White/Caucasian	146 (80.2%)	72 (70.6%)
Unknown	0 (0.0%)	2 (2.0%)
Ethnicity	Acute	RTC
Hispanic Origin	64 (35.2%)	22 (21.6%)

Custody Status

	Acute	RTC
Parent/Family	172 (94.5%)	73 (71.6%)
Child Welfare	6 (3.3%)	1 (1.0%)
DCFS Youth Parole	0 (0.0%)	4 (3.9%)
Parental Custody on Probation	4 (2.2%)	24 (23.5%)



CHILDREN'S CLINICAL CHARACTERISTICS AND OUTCOMES

Presenting Problems at Admission

At admission, parents and caregivers are asked to identify problems their children have encountered. Of the 51 presenting problems listed, the six identified below (and listed in order of prevalence) accounted for 39.5% of all primary presenting problems reported.

- Child Neglect Victim (16.1%)
- Depression (5.7%)
- Adjustment Problems (5.7%)
- Suicide Attempt – Threat (4.6%)
- Anxiety (3.8%)
- ADHD (3.5%)

Child neglect was the most prevalent presenting problem again in FY 2012, increasing from 12.3% in FY 2011. The top four presenting problems are the same four as in FY 2011. Anxiety has replaced physical aggression in the fifth position. ADHD remains in the sixth position.

Diagnosis

In FY 2012, 39 percent of children served met criteria for more than one diagnostic category. The tables below show the most prevalent Axis I diagnoses of children by age category and gender.

Age Group 0-5.99

Overall	Female	Male
Neglect of Child	Neglect of Child	Neglect of Child
Disruptive Behavior Disorder NOS	Anxiety Disorder NOS	Disruptive Behavior Disorder NOS
Adjustment Disorder	Adjustment Disorder	Adjustment Disorder
Anxiety Disorder NOS	Disruptive Behavior Disorder NOS	Anxiety Disorder n NOS
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder	Posttraumatic Stress Disorder

Age Group 6-12.99

Overall	Female	Male
Adjustment Disorder	Adjustment Disorder	Adjustment Disorder
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder	Oppositional Defiant
Mood Disorder NOS	Neglect of Child	Mood Disorder NOS
Oppositional Defiant	Anxiety Disorder NOS	Posttraumatic Stress Disorder
Disruptive Behavior Disorder NOS	Attention-Deficit /Hyperactivity Disorder	Disruptive Behavior Disorder NOS
Neglect of Child	Disruptive Behavior Disorder NOS	Neglect of Child

Age Group 13-17.99

Overall	Female	Male
Major Depressive Disorder	Major Depressive Disorder	Major Depressive Disorder
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder	Oppositional Defiant Disorder
Mood Disorder NOS	Mood Disorder NOS	Attention-Deficit /Hyperactivity Disorder
Oppositional Defiant Disorder	Depressive Disorder NOS	Mood Disorder NOS
Attention-Deficit /Hyperactivity Disorder	Oppositional Defiant Disorder	Posttraumatic Stress Disorder

Age Group 18+

Overall	Female	Male
Major Depressive Disorder	Major Depressive Disorder	Mood Disorder NOS
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder	Attention-Deficit /Hyperactivity Disorder
Attention-Deficit /Hyperactivity Disorder	Attention-Deficit /Hyperactivity Disorder	Posttraumatic Stress Disorder
Mood Disorder NOS	Depressive Disorder NOS	Major Depressive Disorder
Bipolar Disorder NOS	Bipolar Disorder NOS	Bipolar Disorder NOS

Child and Adolescent Functional Assessment and the Preschool and Early Childhood Functional Assessment

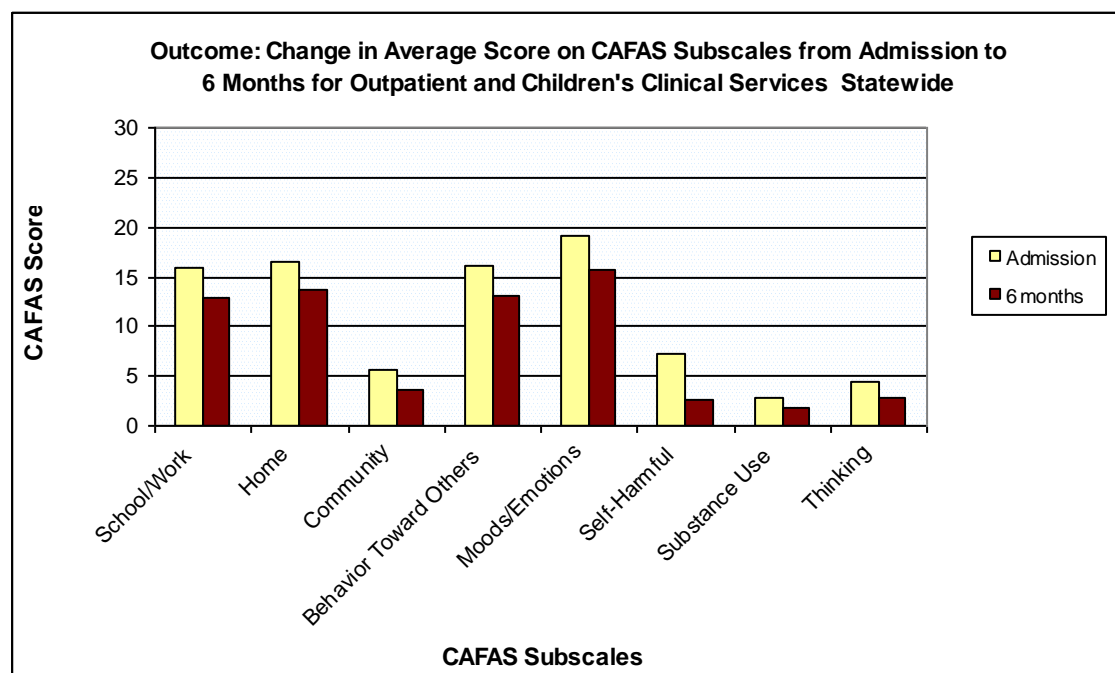
The Child and Adolescent Functional Assessment Scale (CAFAS)¹ is designed to assess in children ages 6 to 18 years the degree of functional impairment regarding emotional, behavioral, psychiatric, psychological and substance-use problems. CAFAS scores can range from 0 to 240, with higher scores reflecting increased impairment in functioning.

The Preschool and Early Childhood Functional Assessment Scale (PECFAS)² was also designed to assess degree of impairment in functioning of children ages 3 to 7 years with behavioral, emotional, psychological or psychiatric problems. PECFAS scores range from 0 to 210, with a higher score indicating greater impairment.

The CAFAS and the PECFAS are standardized instruments commonly used across child-serving agencies to guide treatment planning and as clinical outcome measures for individual clients and program evaluation (Hodges, 2005). The CAFAS and the PECFAS are used as outcome measures for DCFS Children's Mental Health. Only FY 2012 CAFAS and PECFAS scores were used in this Descriptive Summary.

Outpatient and Children's Clinical Services

The graph below shows the admission and 6 months CAFAS subscale scores for Outpatient and Children's Clinical Services statewide.



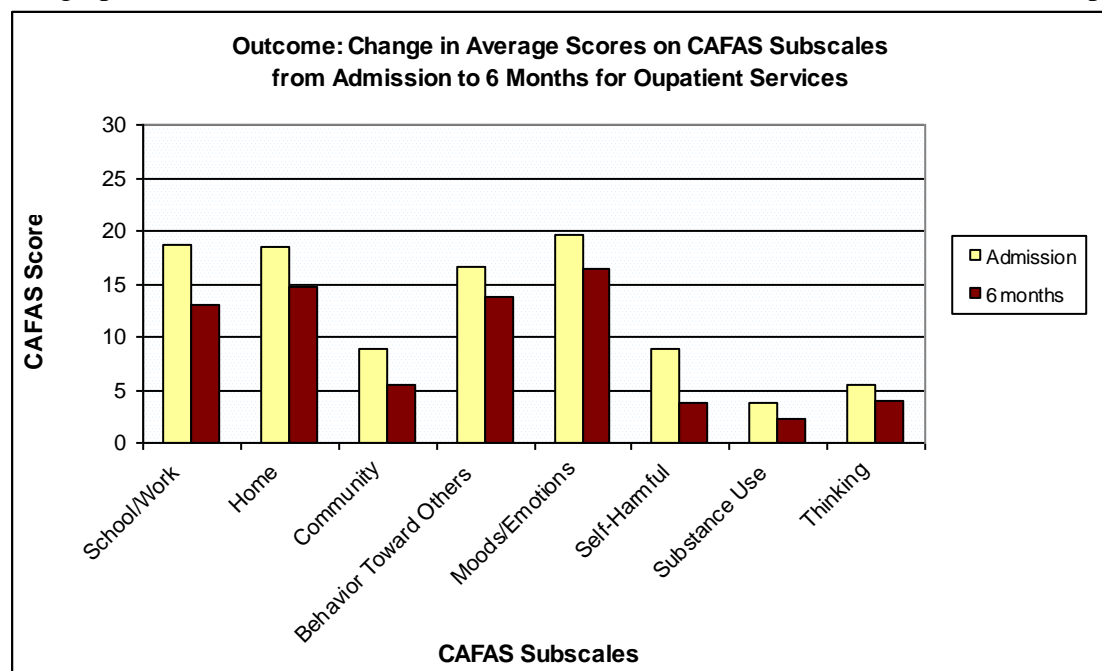
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for Outpatient and Children's Clinical Services statewide. The mean CAFAS score was 87.95 (SD= 37.44)

¹ Hodges, K. (2005). *Manual for Training Coordinators, Clinical Administrators, and Data Managers*. Ann Arbor, MI: Author.

² Hodges, K. (2005). *Manual for Training Coordinators, Clinical Administrators, and Data Managers*. Ann Arbor, MI: Author.

at admission. At 6 months into services, the mean CAFAS score decreased to 66.19 (SD= 33.57); $t(301) = 10.37, p = .000$. These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 6 months.

The graph below shows the admission and 6 months CAFAS subscale scores for Outpatient Services.

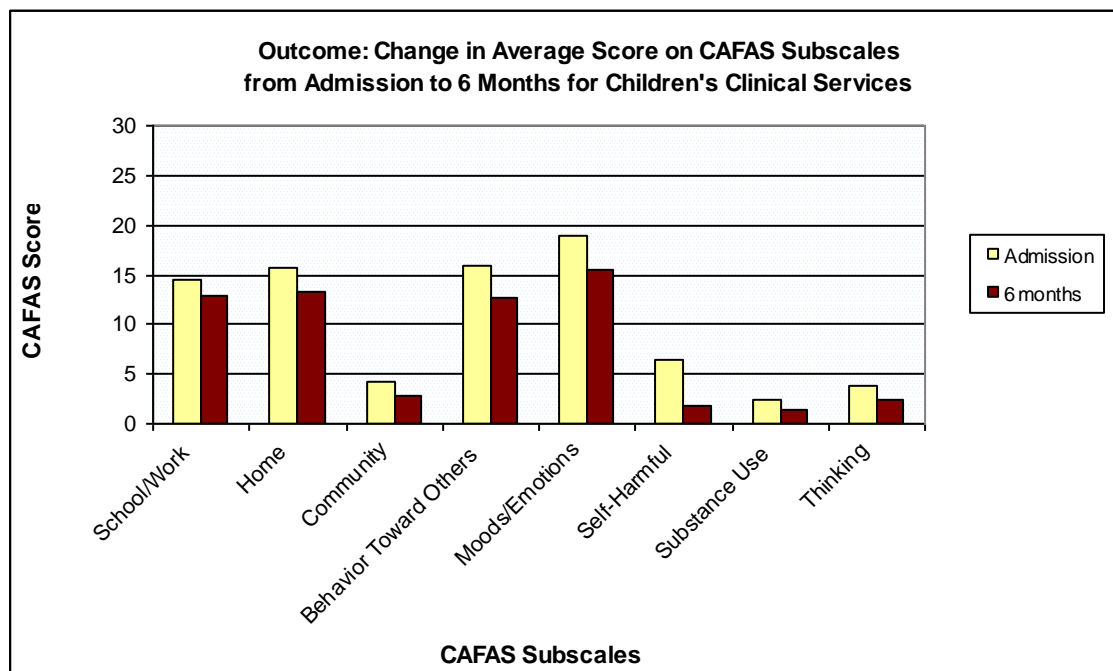


A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for Outpatient Services. The mean CAFAS score was 100.63 (SD= 34.39) at admission. At 6 months into services, the mean CAFAS score decreased to 73.44 (SD= 34.36); $t(95) = 8.01, p = .000$. These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 6 months.

SURVEY COMMENT FROM A SATISFIED YOUTH

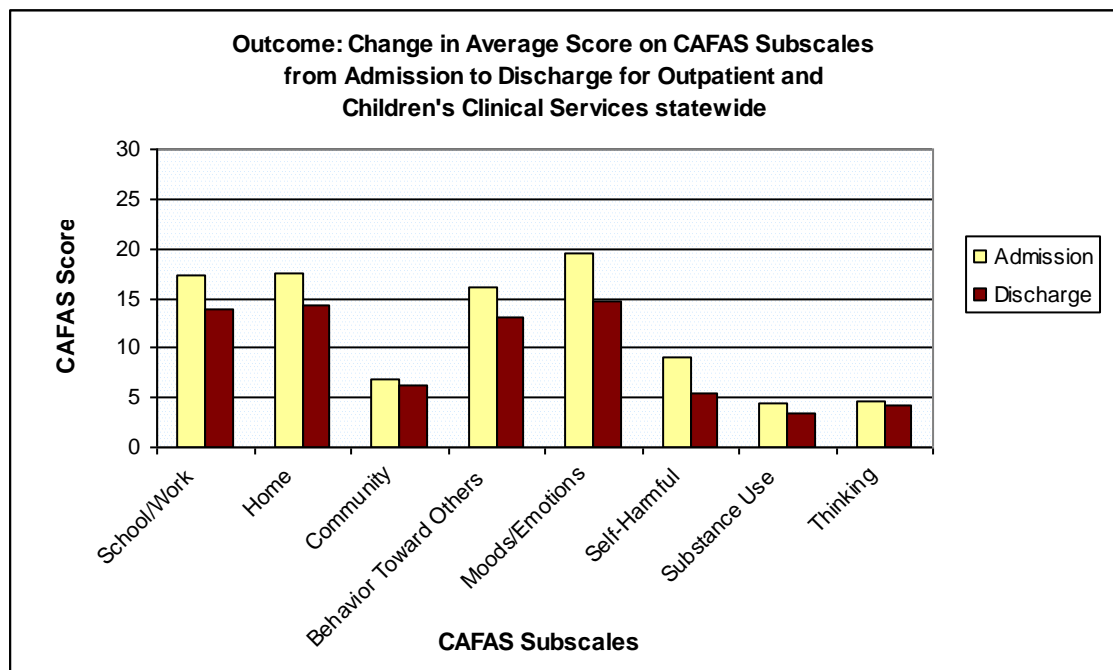
They have taught me how to cooperate with my family and others my age and showed me how to properly act like a teenager who respects herself and others, and can do anything.

The graph below shows the admission and 6 months CAFAS subscale scores for Children's Clinical Services.



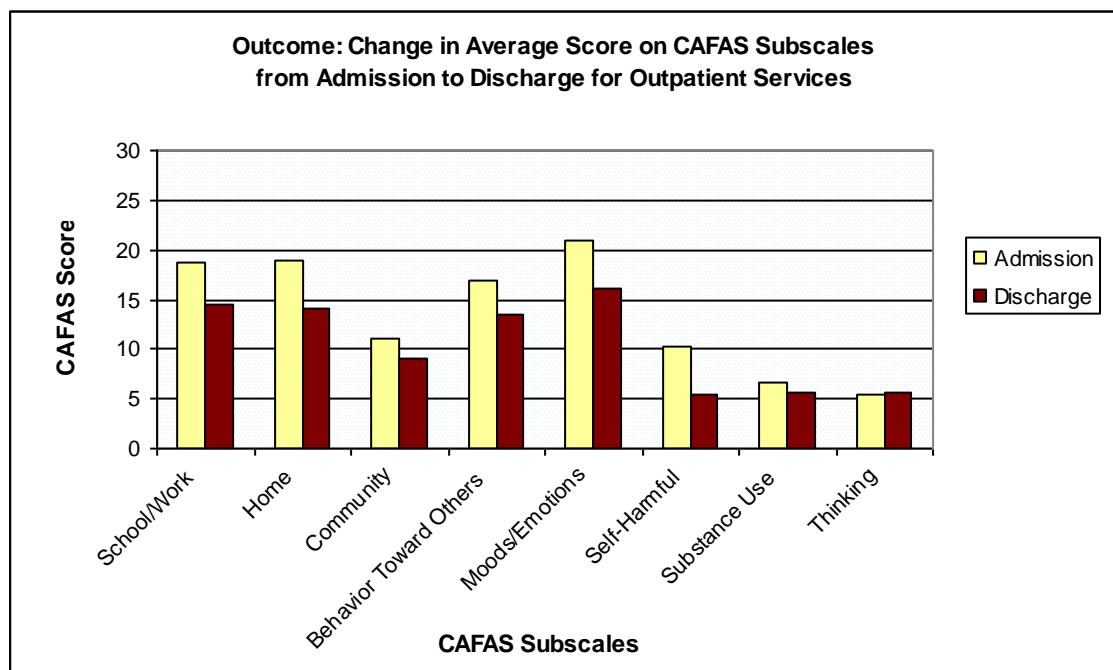
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for Children's Clinical Services. The mean CAFAS score was 82.04 (SD= 37.41) at admission. At 6 months into services, the mean CAFAS score decreased to 62.82 (SD= 32.73); $t(205) = 7.33, p = .000$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more. Children's Clinical Services nearly reaches the level for clinical significance.

The graph below shows the admission and discharge CAFAS subscale scores for Outpatient and Children's Clinical Services statewide.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Outpatient and Children's Clinical Services statewide. The mean CAFAS score was 95.26 (SD= 40.73) at admission. At discharge, the mean CAFAS score decreased to 75.69 (SD= 46.88); $t(208) = 7.39, p = .000$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more. The statewide results nearly reach the level for clinical significance.

The graph below shows the admission and discharge CAFAS subscale scores for Outpatient Services.

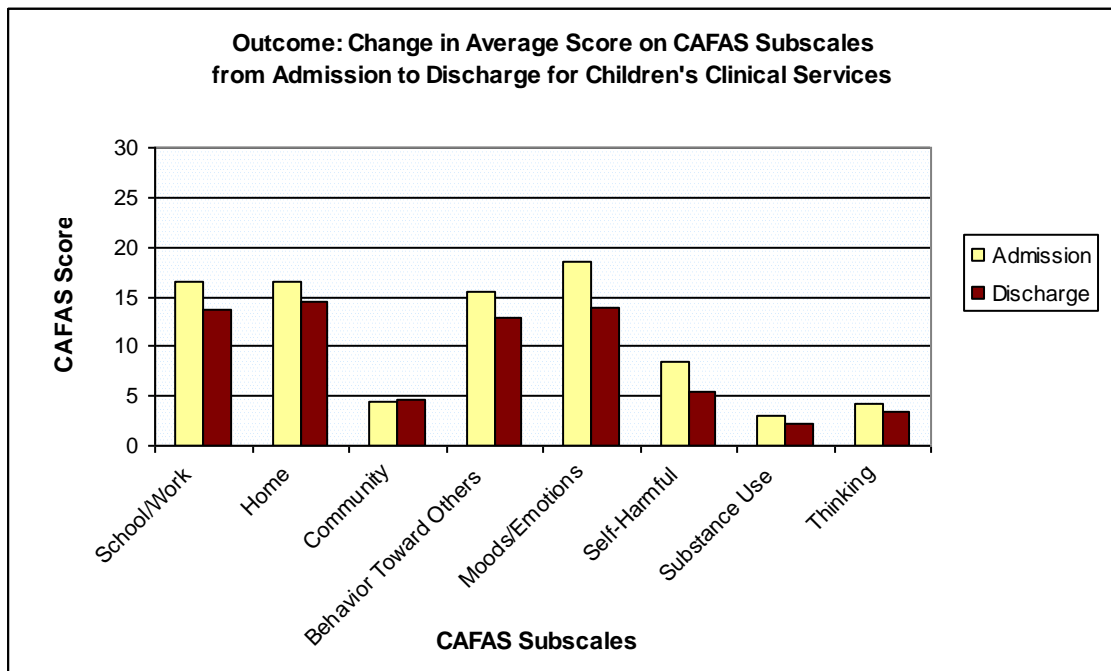


A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Outpatient Services. The mean CAFAS score was 108.97 (SD= 39.92) at admission. At discharge, the mean CAFAS score decreased to 83.97 (SD= 49.34); $t(77) = 5.92, p = .000$. These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

SURVEY COMMENT FROM A SATISFIED YOUTH

Thank you for what you have done; you have changed my life forever.

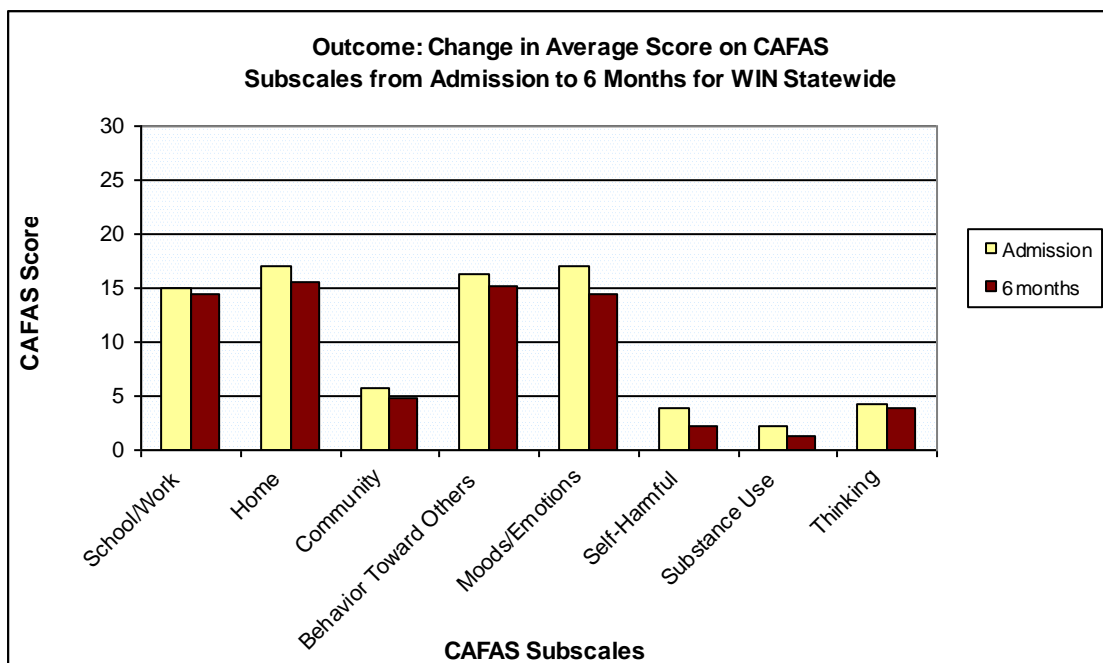
The graph below shows the admission and discharge CAFAS subscale scores for Children's Clinical Services.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Children's Clinical Services. The mean CAFAS score was 87.10 (SD= 39.12) at admission. At discharge, the mean CAFAS score decreased to 70.76 (SD= 44.82); $t(130) = 4.84, p = .000$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

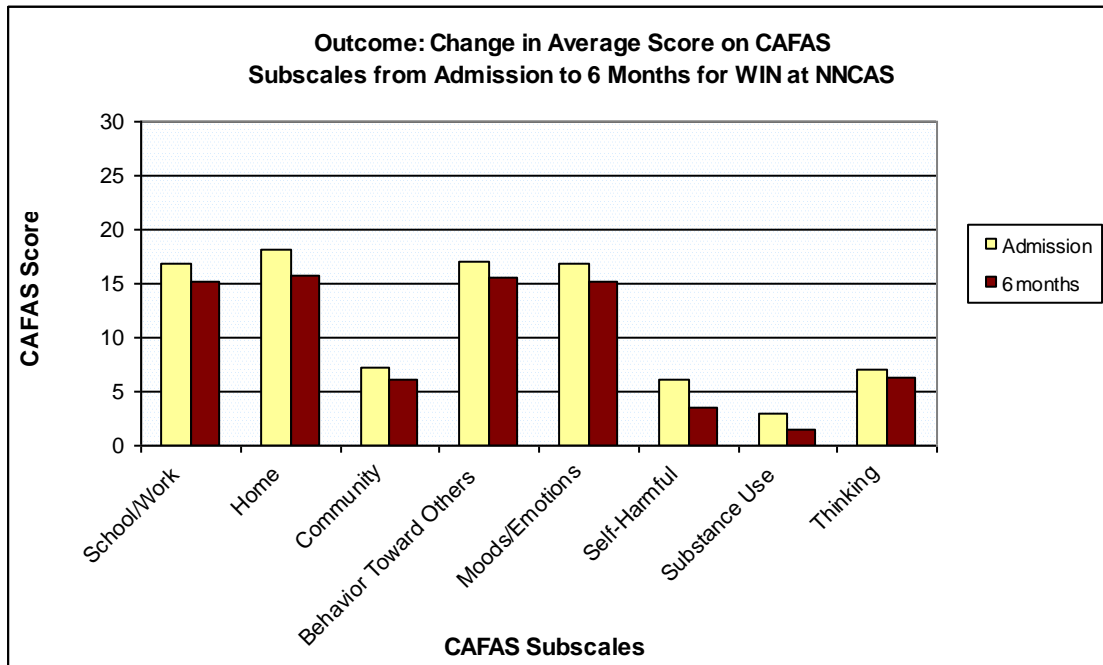
WIN

The graph below shows the admission and 6 months CAFAS subscale scores for WIN statewide.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for WIN statewide. The mean CAFAS score was 81.50 (SD= 33.97) at admission. At 6 months into services, the mean CAFAS score decreased to 72.00 (SD= 35.41); $t(159) = 3.50, p = .001$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

The graph below shows the admission and 6 months CAFAS subscale scores for WIN at NNCAS.

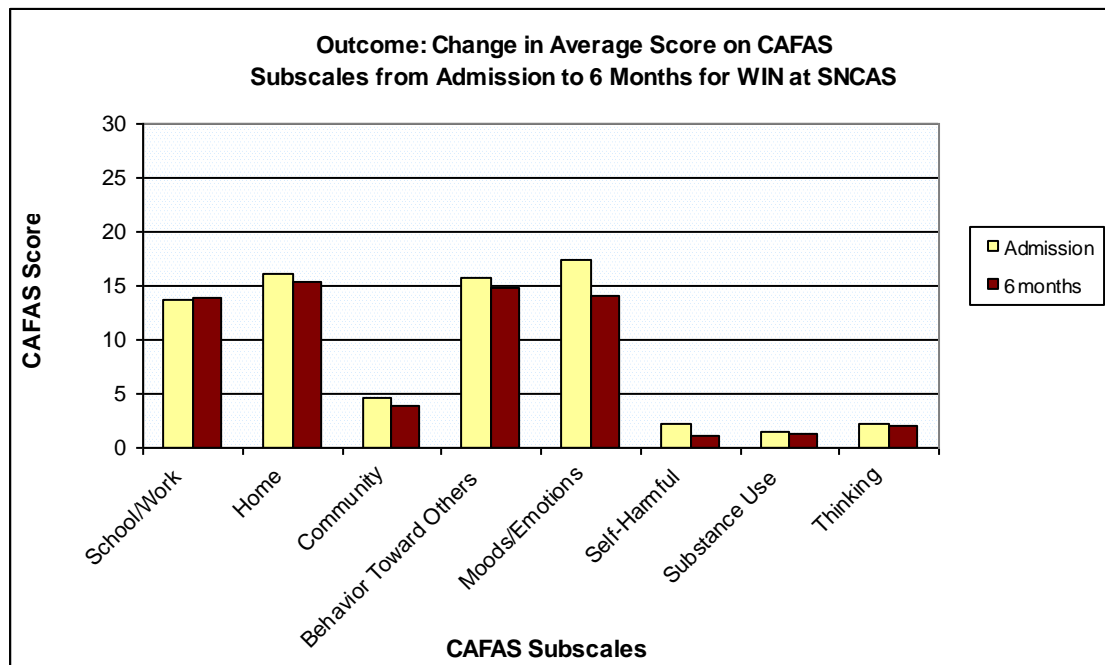


A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for WIN at NNCAS. The mean CAFAS score was 92.06 (SD= 38.03) at admission. At 6 months into services, the mean CAFAS score decreased to 79.12 (SD= 37.65); $t(67) = 2.64 p = .010$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

SURVEY COMMENT FROM A SATISFIED YOUTH

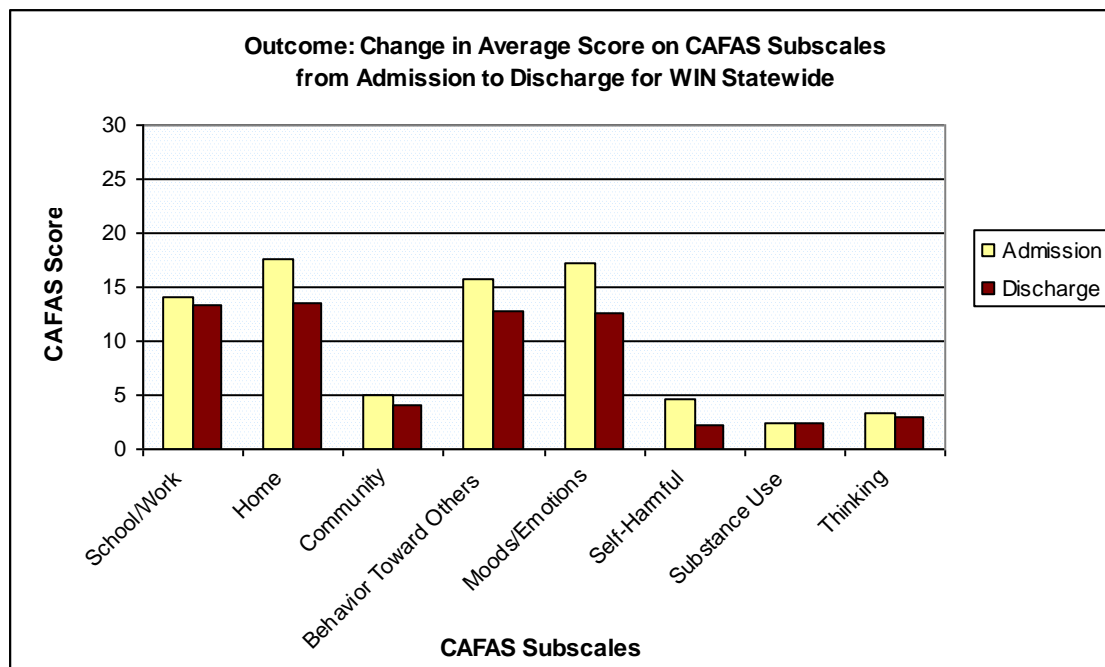
When I was freaking out, the staff would explain how to handle it better and things I could do in the future to avoid conflict.

The graph below shows the admission and 6 months CAFAS subscale scores for WIN at SNCAS.



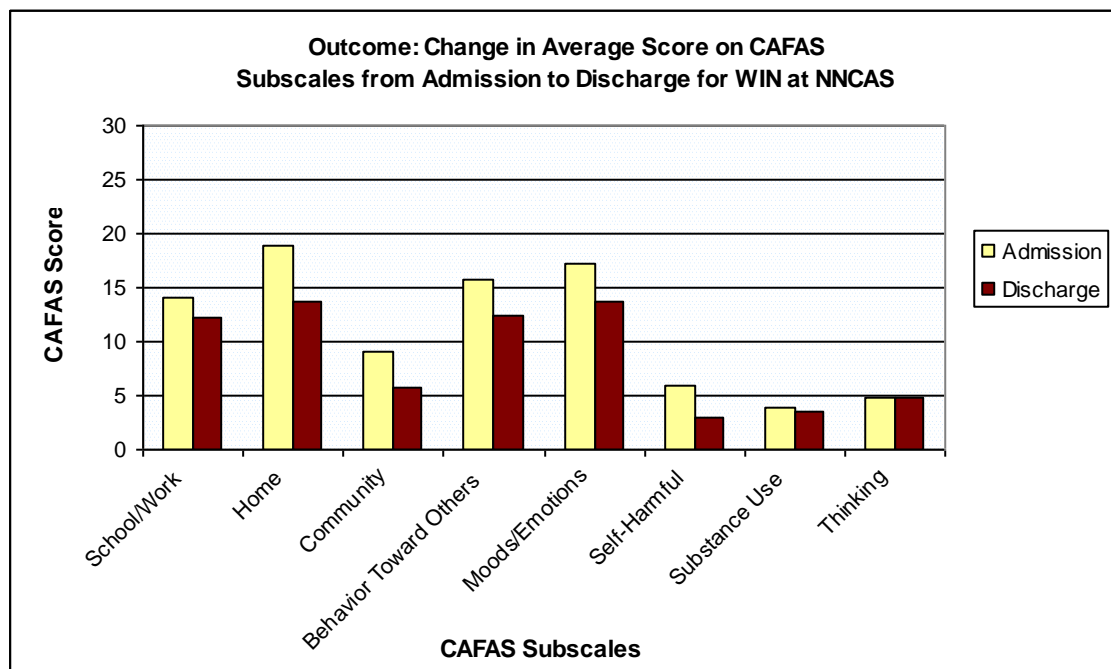
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for WIN at SNCAS. The mean CAFAS score was 73.70 (SD= 28.39) at admission. At 6 months into services, the mean CAFAS score decreased to 66.74 (SD= 32.89); $t(91) = 2.31, p = .023$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

The graph below shows the admission and discharge CAFAS subscale scores for WIN statewide.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN statewide. The mean CAFAS score was 80.07 (SD= 34.25) at admission. At discharge, the mean CAFAS score decreased to 64.25 (SD= 43.95); $t(152) = 4.77, p = .000$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

The graph below shows the admission and discharge CAFAS subscale scores for WIN at NNCAS.

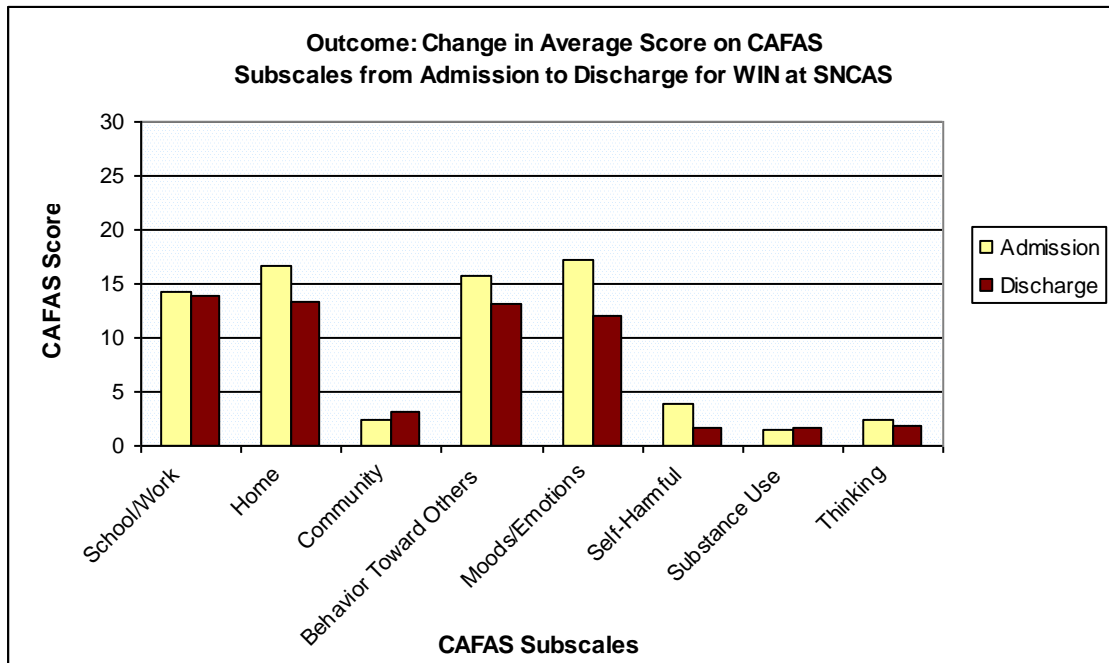


A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN at NNCAS. The mean CAFAS score was 89.33 (SD= 39.22) at admission. At discharge, the mean CAFAS score decreased to 69.00 (SD= 45.46); $t(59) = 3.68, p = .001$. These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

SURVEY COMMENT FROM A SATISFIED PARENT

Each and every one of the staff was a pleasure to be helped by and to know.

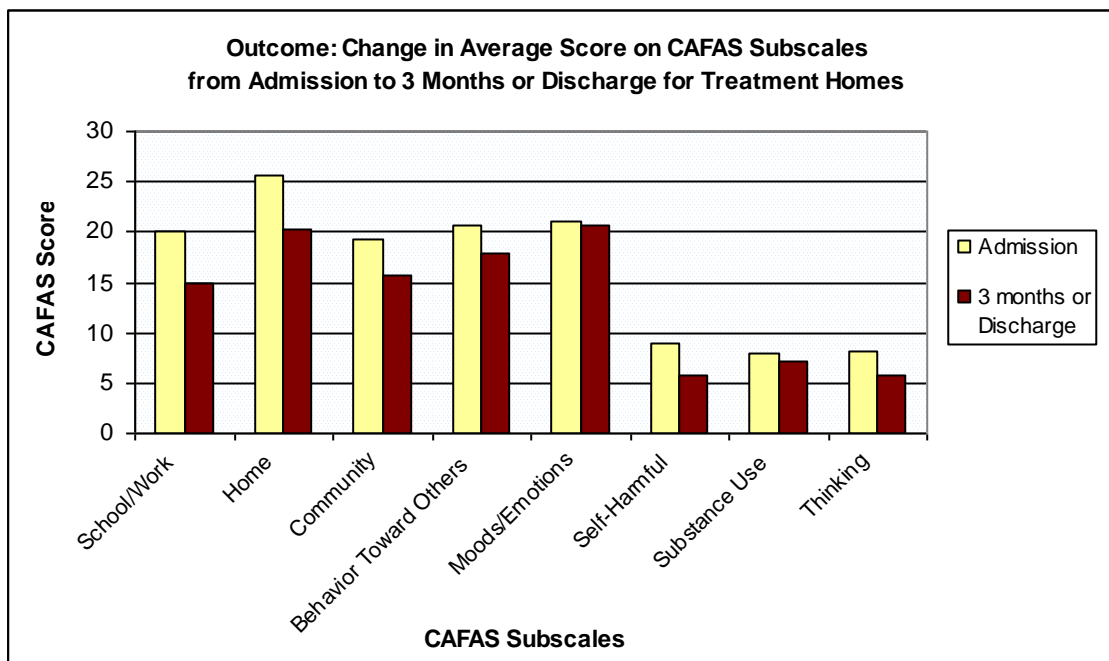
The graph below shows the admission and discharge CAFAS subscale scores for WIN at SNCAS.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN at SNCAS. The mean CAFAS score was 74.09 (SD= 29.31) at admission. At discharge, the mean CAFAS score decreased to 61.18 (SD= 42.91); $t(92) = 3.13, p = .002$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

Treatment Homes

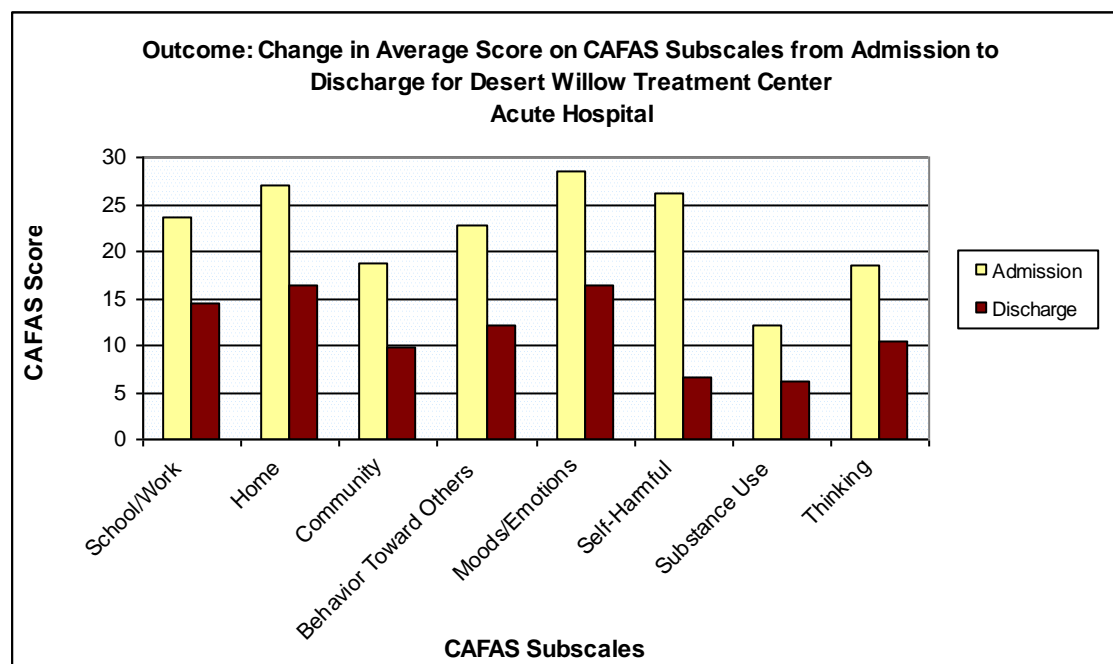
The graph below shows the admission and 3 months or discharge CAFAS subscale scores for Treatment Homes.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to 3 months or at discharge for Treatment Homes. The mean CAFAS score was 131.79 (SD= 20.74) at admission. At 3 months into services or discharge, the mean CAFAS score decreased to 108.21 (SD= 22.12); $t(27) = 4.88, p = .000$. These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 3 months or discharge.

Desert Willow Treatment Center Acute Hospital

The graph below shows the admission to discharge CAFAS subscale scores for Desert Willow Treatment Center Acute Hospital.



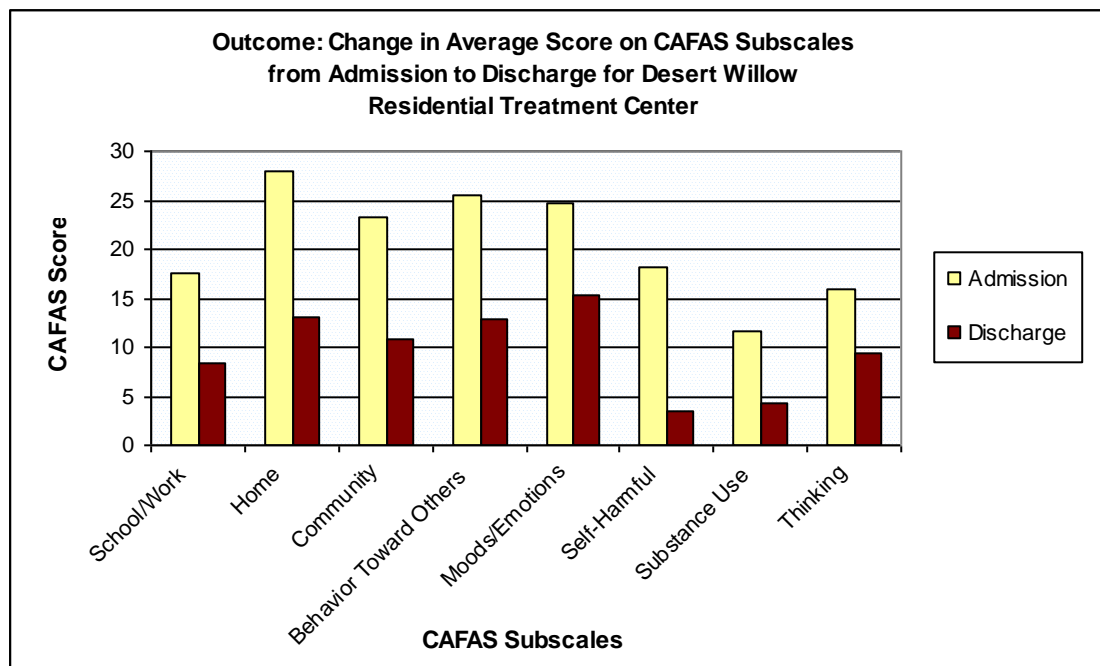
A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for DWTC Acute Hospital. The mean CAFAS score was 177.48 (SD= 33.76) at admission. At discharge from services, the mean CAFAS score decreased to 92.44 (SD= 32.52); $t(134) = 28.49, p = .000$. These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

SURVEY COMMENT FROM A SATISFIED YOUTH

I am learning coping and social skills.

Desert Willow Treatment Center RTC

The graph below shows the admission to discharge CAFAS subscale scores for Desert Willow Residential Treatment Center.



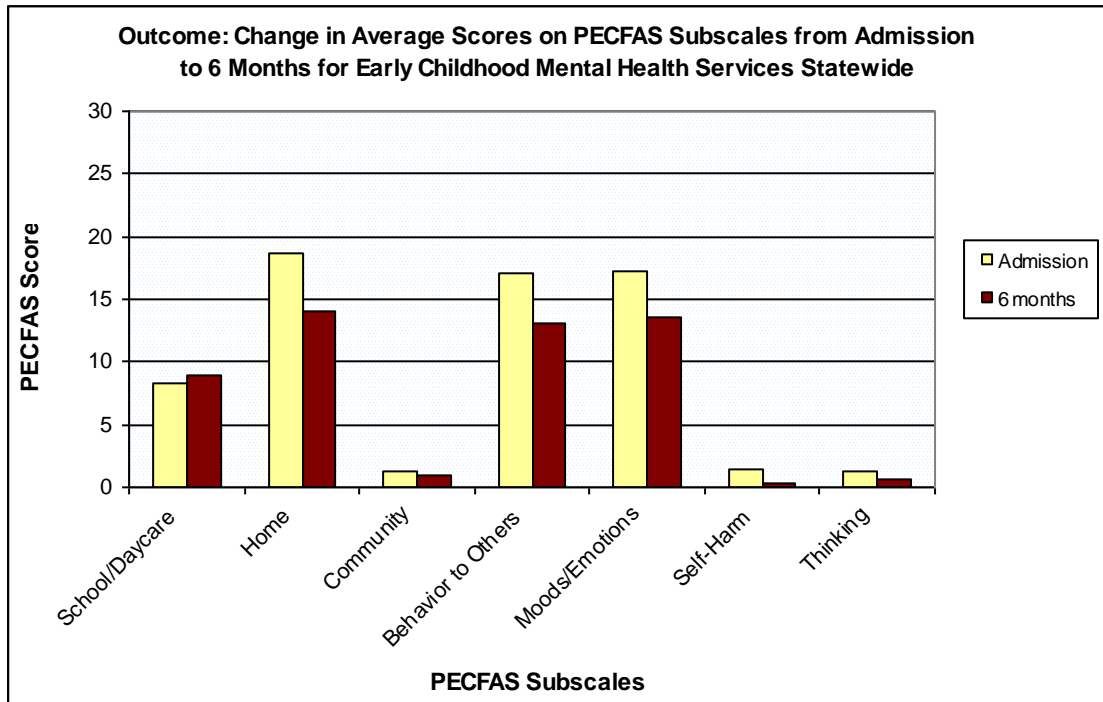
A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for DWTC Residential Treatment Center. The mean CAFAS score was 164.42 (SD= 33.22) at admission. At discharge, the mean CAFAS score decreased to 77.50 (SD= 43.79); $t(51) = 13.48, p = .000$. These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

SURVEY COMMENT FROM A SATISFIED CAREGIVER

They were there in our hour of need.

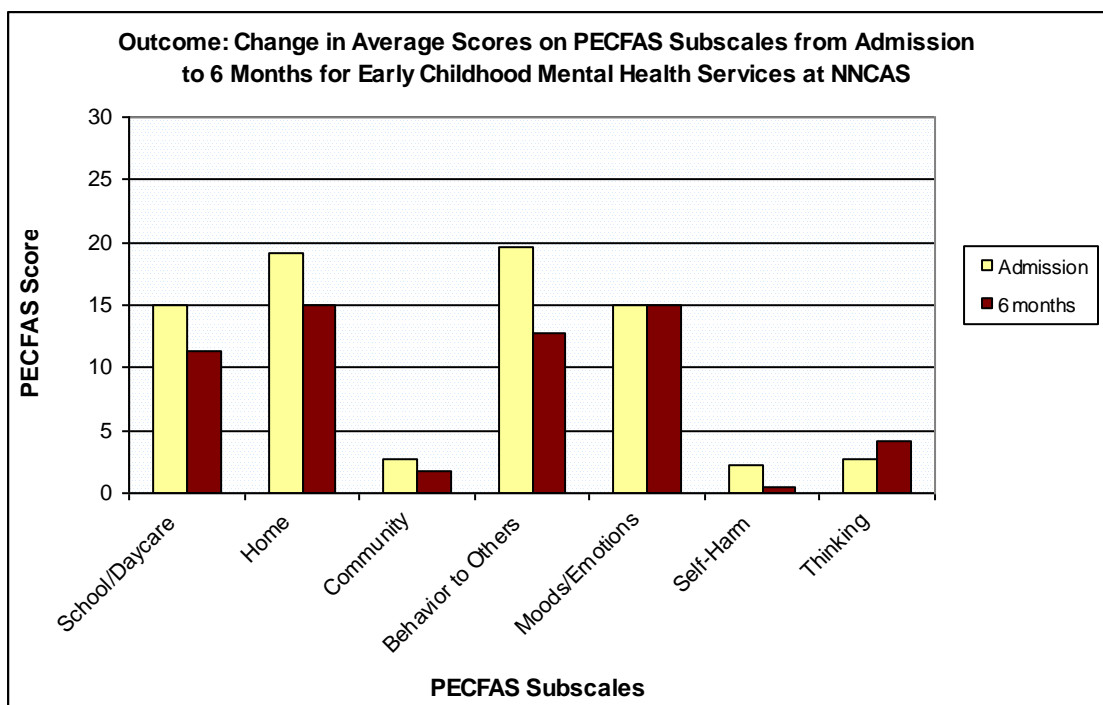
Early Childhood Mental Health Services

The graph below shows the admission and 6 months PECFAS subscale scores for Early Childhood Mental Health Services statewide.



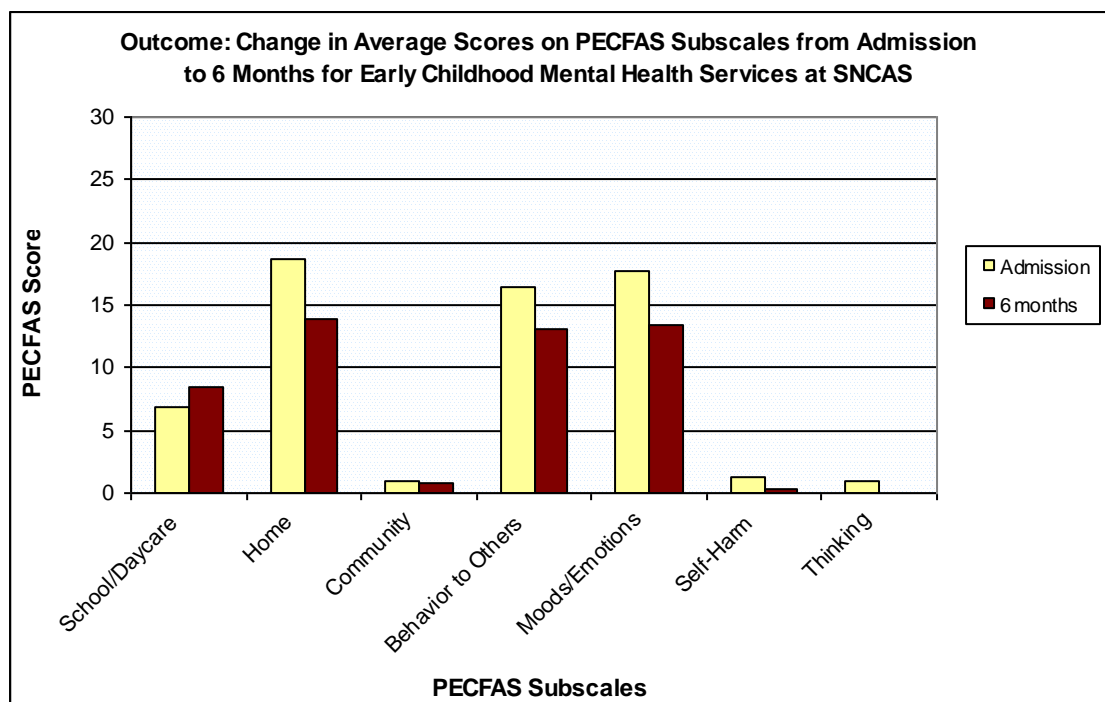
A paired-samples t-test was conducted to compare PECFAS total scores from admission to 6 months for Early Childhood Mental Health Services statewide. The mean PECFAS score was 65.43 (SD= 25.47) at admission. At 6 months into services, the mean PECFAS score decreased to 51.71 (SD= 24.50); $t(128) = 5.61, p = .000$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.

The graph below shows the admission and 6 months PECFAS subscale scores for Early Childhood Mental Health Services as NNCAS.



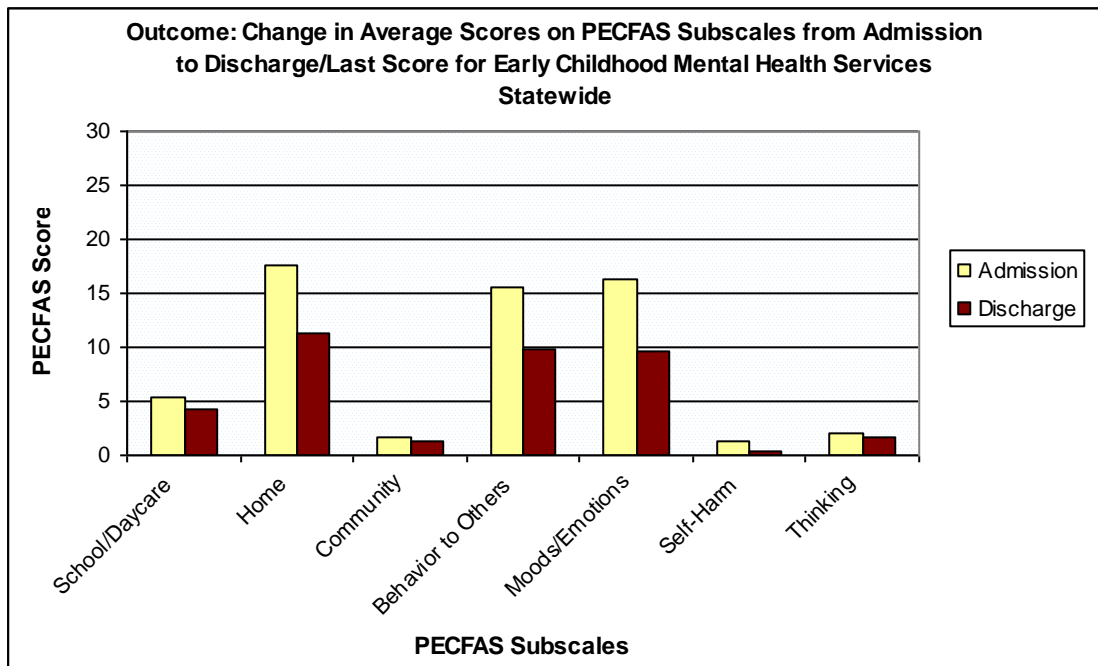
A paired-samples t-test was conducted to compare PECFAS total scores from admission to 6 months for Early Childhood Mental Health Services at NNCAS. The mean PECFAS score was 76.36 (SD= 34.72) at admission. At 6 months into services, the mean PECFAS score decreased to 60.45 (SD= 20.81); $t(21) = 2.53, p = .020$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.

The graph below shows the admission and 6 months PECFAS subscale scores for Early Childhood Mental Health Services as SNCAS.



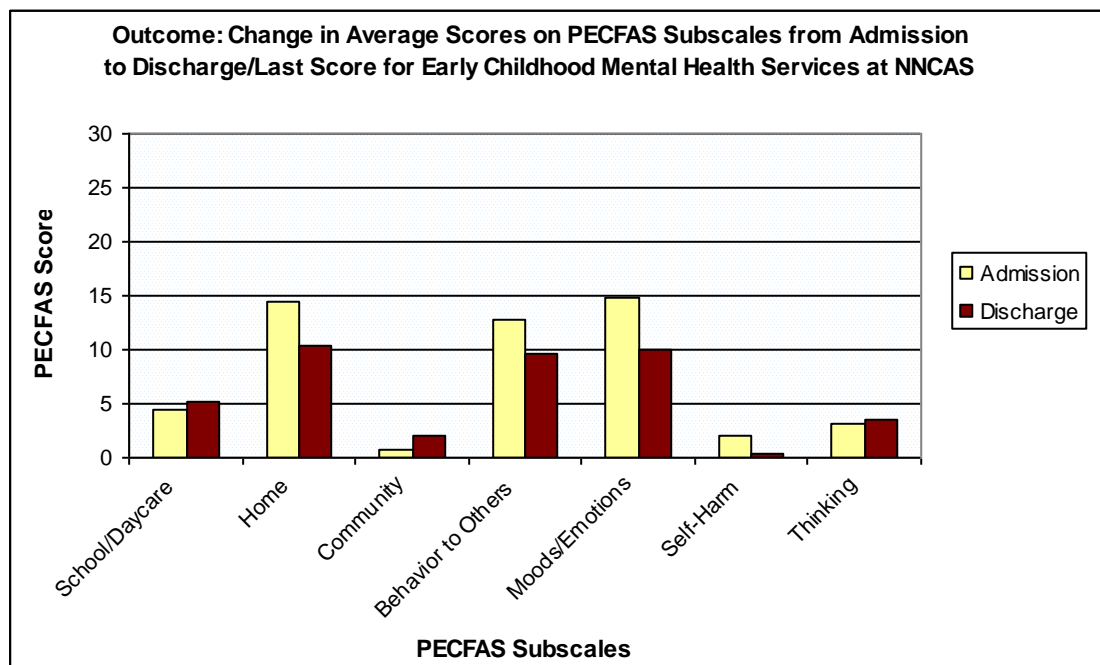
A paired-samples t-test was conducted to compare PECFAS total scores from admission to 6 months for Early Childhood Mental Health Services at SNCAS. The mean PECFAS score was 63.18 (SD= 22.68) at admission. At 6 months into services, the mean PECFAS score decreased to 49.91 (SD= 24.90); $t(106) = 4.99, p = .000$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.

The graph below shows the admission to discharge/last score for PECFAS subscale scores for Early Childhood Mental Health Services statewide.



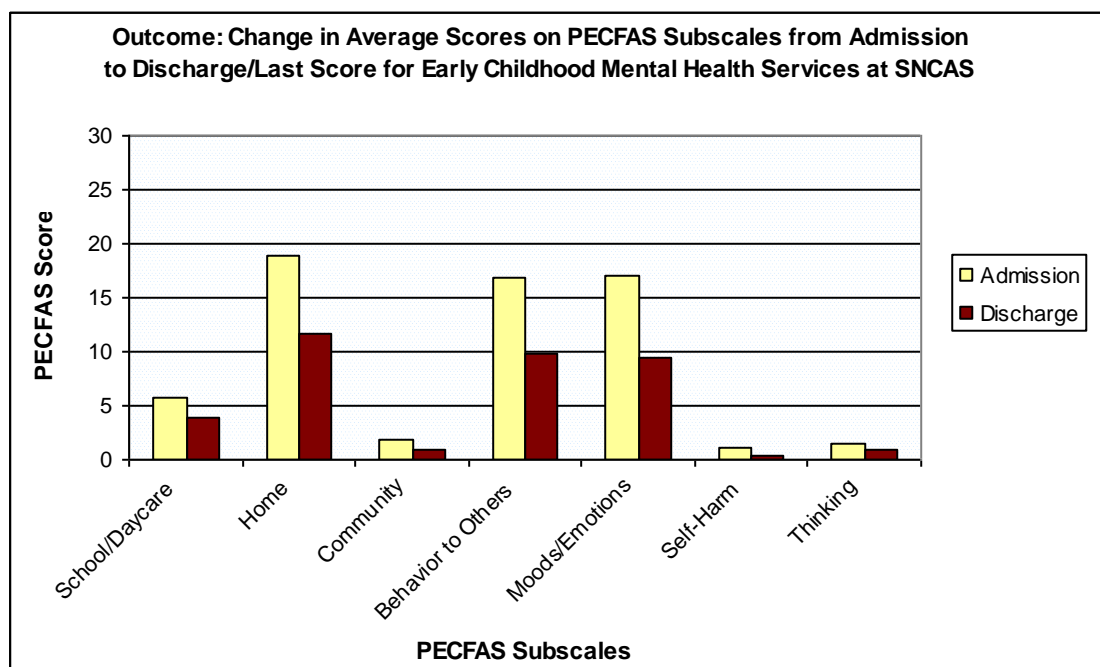
A paired-samples t-test was conducted to compare PECFAS total scores from admission to discharge or last PECFAS score for Early Childhood Mental Health Services statewide. The mean PECFAS score was 59.76 (SD= 24.64) at admission. At discharge or last score, the mean PECFAS score decreased to 38.17 (SD= 26.39); $t(81) = 7.45, p = .000$. These results show a clinically and statistically significant reduction in overall impairment.

The graph below shows the admission to discharge/last score for PECFAS subscale scores for Early Childhood Mental Health Services at NNCAS.



A paired-samples t-test was conducted to compare PECFAS total scores from admission to discharge or last PECFAS score for Early Childhood Mental Health Services at NNCAS. The mean PECFAS score was 52.40 (SD= 30.73) at admission. At discharge or last score, the mean PECFAS score decreased to 41.20 (SD= 27.28); $t(81) = 7.45, p = .000$. Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.

The graph below shows the admission to discharge/last score for PECFAS subscale scores for Early Childhood Mental Health Services at SNCAS.



A paired-samples t-test was conducted to compare PECFAS total scores from admission to discharge or last PECFAS score for Early Childhood Mental Health Services at SNCAS. The mean PECFAS score was 62.98 (SD= 20.96) at admission. At discharge or last score, the mean PECFAS score decreased to 36.84 (SD= 26.13); $t(56) = 8.42, p = .000$. These results show a clinically and statistically significant reduction in overall impairment.

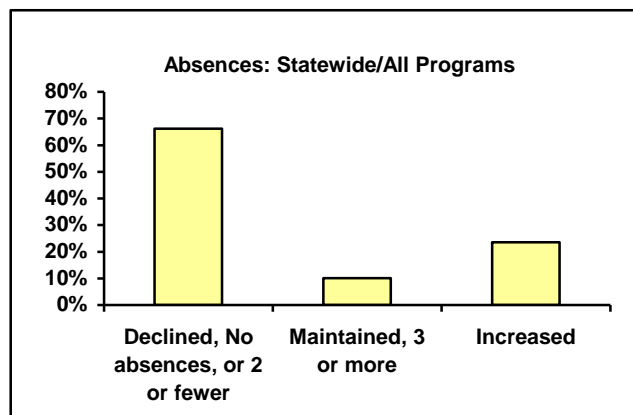
Education and Juvenile Justice Outcomes

An analysis was conducted on client's absences, suspensions/expulsions, and arrests. Each client's absences, suspensions/expulsions, and arrests in the most recent period were compared to his or her average over at least two periods to see if these measures increased, decreased, or stayed the same. If a client was, despite some fluctuation from period to period, reducing or maintaining acceptable levels in these areas, then his or her most recent numbers will be less than his or her average (thereby pulling the average down toward zero) or held steady near zero.

Performance was classified into three categories:

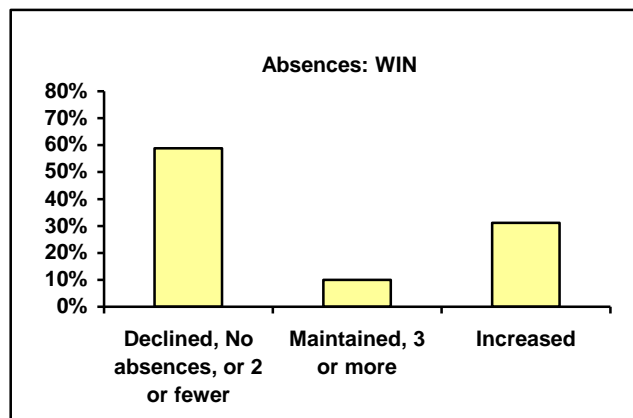
1. A client was considered to be maintaining an excellent performance or showing improvement if he or she met any one of three criteria:
 - The client had a perfect record historically and in the most recent period;
 - The client had a history of averaging no more than two absences per grade period and had two or less in the most recent grade period (absences only); or
 - The client had a historic average of three or more per grade period and showed a reduction from the average in the most recent grade period.
2. A client was considered to have stayed the same at a level that could be improved if he or she had:
 - Three or more absences per period historically and had the same number as his or her average in the most recent period (absences only), or
 - One or more per period and the same number as his or her average in the most recent period (suspensions/expulsions and arrests only).
3. A client was considered to have decreased in performance if he or she had:
 - A historical average of three or more per period and more than his or her historical average in the most recent period, or an average from zero to two and absences in the most recent period of three or more (absences only), or
 - A historical average of one or more per period and more than his or her average in the most recent period, or a perfect record historically and one or more in the most recent period (suspensions/expulsions and arrests only).

Absences: Statewide/All Programs



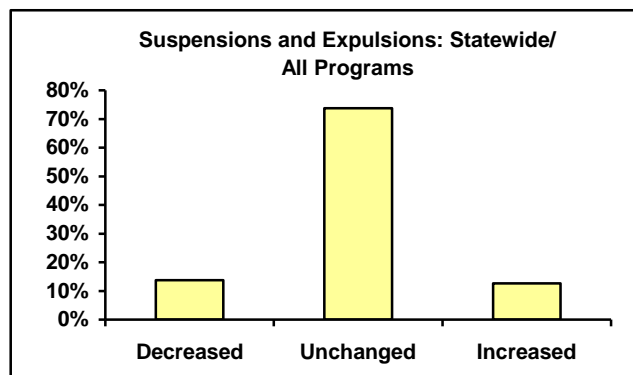
In FY2012, 554 clients had absences data for at least two grade periods from which an average could be constructed. Absences declined, a perfect attendance record was maintained (no absences), or the client had two or fewer absences in the most recent period compared with a mean school absence of two or fewer for 367 (66.2%) of the clients. There were 130 (23.5%) clients who had a zero average and zero absences in the most recent period. Absences remained the same at three or more compared with a mean of three or more for 56 (10.1%) clients. Absences increased to three or more and the client average was greater than two days for 131 (23.6%) of the clients.

Absences: WIN



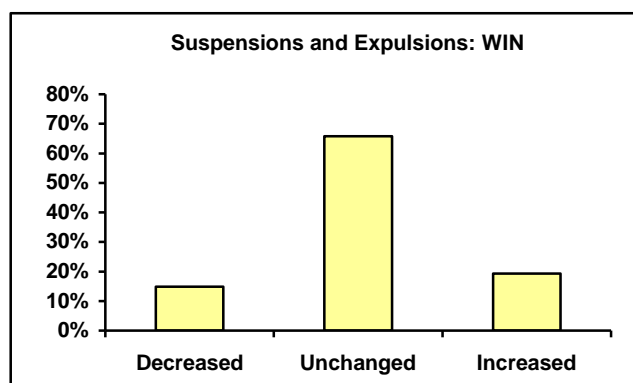
The WIN program accounted for 219 of the 554 cases with absence data over at least two grade periods. When isolated from the other programs, absences declined, a perfect attendance record was maintained (no absences), or the client had two or fewer absences in the most recent period compared with a mean school absence of two or fewer for 129 (58.9%) clients. There were 21 (9.6%) clients who had a zero average and zero absences in the most recent period. Absences remained the same at three or more compared with a mean of three or more for 22 (10.0%) clients. Absences increased to three or more and the client average was greater than two days for 68 (31.1%) clients.

Suspensions and Expulsions: Statewide/All Programs



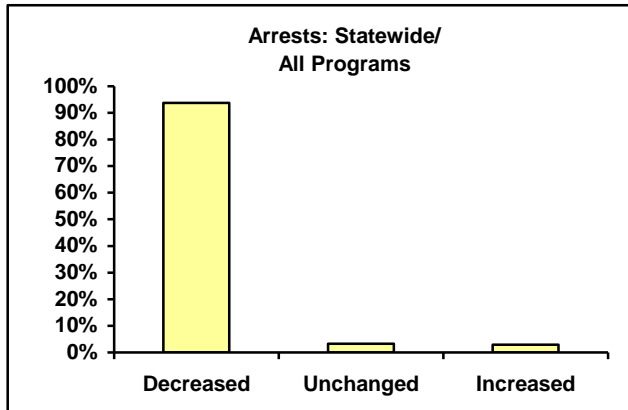
In FY2012, 517 clients had suspensions and expulsions data for at least two grade periods from which an average could be constructed. Suspensions and expulsions decreased versus the client's own average for 71 (13.7%) of the clients. For 381 (73.7%) of the clients, there was no change in suspensions and expulsions versus his or her own average, and 362 (95.0%) of them had a zero average and zero suspensions or expulsions. Suspensions and expulsions increased versus the client's own average for 65 (12.6%) of the clients.

Suspensions and Expulsions: WIN



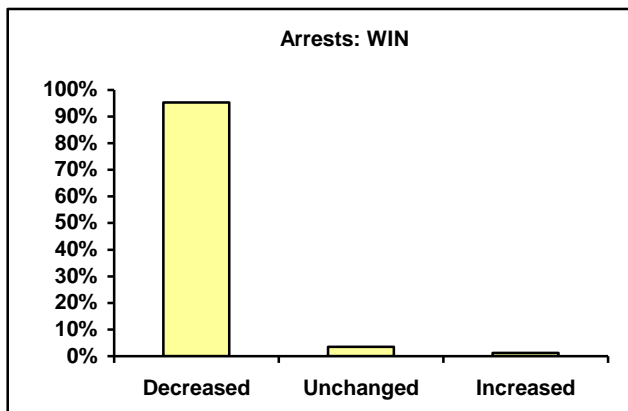
The WIN program accounted for 202 cases of the 554 cases with suspensions and expulsions data over multiple periods. Suspensions and expulsions decreased versus the client's own average for 30 (14.9%) of the clients. For 133 (65.8%) of the clients, no change occurred in suspensions and expulsions versus his or her own average, and 125 (94.0%) of them had a zero average and zero suspensions or expulsions. Suspensions and expulsions increased versus the client's own average for 39 (19.3%) of the clients.

Arrests: Statewide/All Programs



In FY2012, 629 clients had arrest data entered for at least two periods from which an average could be constructed. Of the 629 clients with arrest data, 556 (88.4%) had no arrests. Arrests decreased or remained zero versus the client's own average for 590 (93.8%) of the clients and 34 (5.4%) of the clients had fewer arrests than the client's historical average. For 21 (3.3%) of the clients there was no change in the number of arrests versus his or her own average. Arrests increased versus the client's own average for 18 (2.9%) for the clients.

Arrests: WIN



In FY2012, WIN had 170 of the 629 clients with arrest data entered for at least two periods from which an average could be constructed. Of the 170 clients with arrest data, 145 (85.3%) had no arrests. Arrests decreased or remained zero versus the client's own average for 162 (95.3%) of the clients. For 6 (3.5%) of the clients there was no change in the number of arrests versus his or her own average. Arrests increased versus the client's own average for 2 (1.2%) for the clients.



PROGRAM EVALUATION DEVELOPMENT: AGGRESSION REPLACEMENT TRAINING

Clients served in residential treatment facilities have severe and complex needs requiring care in a structured living environment to help manage their problem behaviors. Aggression Replacement Training (ART) is a cognitive behavioral intervention program that helps youths improve their social skills and moral reasoning, better manage their anger, and reduce their aggressive behavior.¹ DCFS Children's Mental Health has trained trainers to implement this program throughout its residential treatment facilities. ATC is the first program to begin collecting data on youth participating in ART. Below is demographic information on 66 youth who have participated in ART at ATC. These 66 youth were served in FY 2012.

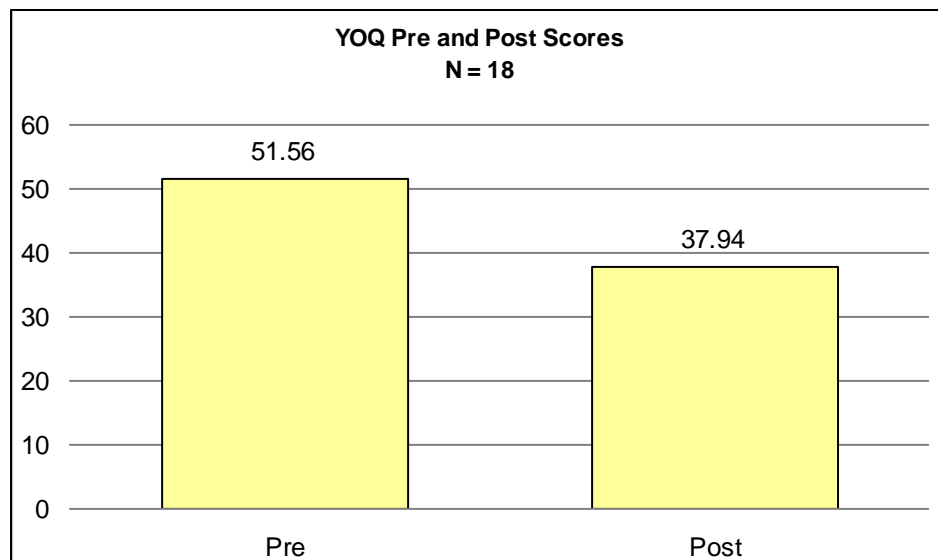
Gender	
Male	31 (47%)
Female	35 (53%)
Race/Ethnicity	
Caucasian	45 (68.2%)
African-American	7 (10.6%)
Hispanic	13 (19.7%)
Other	1 (1.5%)
Average Age	15.02

One of the outcome measures used for ART is the Youth Outcome Questionnaire Self-Report (YOQ-SR) which is a reliable and change-sensitive measure of psychosocial distress as perceived by the adolescent.² The YOQ-SR has 64 items with six subscales which are rated on a 5-point scale with seven items reverse scored. It is designed for adolescents ages 12 to 18. The YOQ-SR total score provides an

¹ National Center for Mental Health Promotion and Youth Violence Prevention. (2007). *Aggression Replacement Training*. Retrieved on February 3, 2012 from <http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%C2%AE-art%C2%AE>

² Ridge, N. W., Warren, J. S., Burlingame, G. M., Wells, M. G., & Tumblin, K. M. (2009). Reliability and Validity of the Youth Outcome Questionnaire Self-Report. *Journal of Clinical Psychology*. 65 (10), 1115-1126. Retrieved on January 27, 2012 from <http://www.oqmeasures.com/files/oqmeasures/Ridge-2009-YOQSR-psychometrics.pdf>

overall level of distress. A score of 46 or higher is in the clinical range; a score of 46 or less is considered to be in the non-clinical range.¹ Youth are asked to complete the YOQ-SR when they begin ART and then again when they finish the training. ATC collected pre and post YOQ-SR paired scores on 18 youth participating in ART. The graph below shows the average pre and post scores for the YOQ-SR.



In order to draw meaningful conclusions, complete data sets need to be collected on more youth. ATC is encouraged to continue to collect data on the YOQ-SR.

SURVEY COMMENT FROM A SATISFIED CAREGIVER

Thank you—that's all I can say—and great job!

¹ Burlingame, G. M., Wells, M. G., Cox, J. C., Lambert, M. J., Latkowski, M. & Justice, D. (2005, July). *Administration and scoring manual for the Y-OQ*. OQ Measures L.L.C.



CONSUMER SURVEY RESULTS

It is both system of care best practice and a policy of DCFS that all children and their families/caregivers receiving mental health services through the Division are provided an opportunity to give feedback and information regarding the services they receive. One of the ways DCFS fulfills this policy is through annual consumer satisfaction surveys. In the spring of every year, DCFS conducts a statewide survey for NNCAS and SNCAS children's community-based mental health programs. Parent/caregivers with children in treatment and the children themselves (age 11 or older) are solicited to voluntarily participate in completing their respective survey instruments.

This year, children's residential and psychiatric inpatient mental health service programs offered through NNCAS and SNCAS began collecting surveys at discharge from services. Like the community-based programs, parent/caregivers with children in residential and psychiatric inpatient programs and the children themselves (age 12 or older) are solicited to voluntarily participate in completing a survey. A full year of residential and psychiatric inpatient survey results will be available next year.

Survey participants are asked to disagree or agree with a series of statements relating to seven areas or "domains" that the federal Mental Health Statistical Improvement Program prescribes whenever evaluating mental health programming effectiveness.

The following table presents respective annual survey positive response percentages for both parent/caregivers and for age-appropriate children. Where available, National Benchmark positive response percentages are included for parents surveyed under community-based services nationwide.

Percent of Positive Response for Each Survey Domain

Community Based Services Survey – Spring 2012	Youth % positive	Parent % positive	National Benchmark for Parent Response¹
Services are seen as accessible and convenient regarding location and scheduling	80%	89%	83.8%
Services are seen as satisfactory and helpful	82%	89%	83.8%
Clients get along better with family and friends and are functioning better in their daily life	78%	74%	64.6%
Clients feel they have a role in directing the course of their treatment	72%	92%	86.8%
Staff are respectful of client religion, culture and ethnicity	90%	94%	92.5%
Clients feel supported in their program and in their community	87%	90%	85.3%
Clients are better able to cope and are doing better in work or school	80%	74%	66.8%
Important issues such as diagnosis, medication, treatment options, client rights and confidentiality were adequately explained by staff (community based domain)	82%	89%	NA

¹ 2010 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, available at www.samhsa.gov/dataoutcomes/urs/2011/nevada.pdf